990 C&E 989 Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

 $\,\blacktriangleright\,$ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

<u>A</u>	For the	2017 calend	lar year, or tax year begir	ning		, 2017, and en	ding		, 20
В	Check if a	pplicable	C Name of organization Posi	tive Futures Ne	twork			D	Employer identification no
	Address c	hange	Doing business as						91-1715916
	Name cha	ange	Number and street (or P O bo	x if mail is not delivered to stree	et address)		Room/suite	Ε	Telephone number
	Initial retu	rn	284 Madrona Wa	y NE			116		(206) 842-0216
	Final retur	rn/terminated	City or town, state or province	, country, and ZIP or foreign pos	stal code			G	Gross receipts
	Amended	return	Bainbridge Isl	and, WA 98110				ŀ	\$ 2,755,062
]	Application	n pending	F Name and address of principa	officer David Ko	rten	1	H(a) Is this a group	return for	subordinates? Yes X No
			Same as C above	e		N'4	H(b) Are all subor	dinates	included? Yes No
	Tax-exem	pt status			47(a)(1) or	527	If "No," a	ittach a l	list (see instructions)
J	Website:		yesmagazine.org	<u> </u>			H(c) Group exer	nption n	umber ►
ĸ	Form of or			ociation Other ►	İ	L Year of formation 1	996 M State		
I Ŗā	rt[I]	Summar	<u>'y</u>				1,		· · · · · · · · · · · · · · · · · · ·
		Briefly descr	be the organization's miss	ion or most significant a	ctivities Yes	! Is a non-pr	ofit media	orga	anization that
		inspires	people to create	a more just, s					
Governance			g, commentary, an						
T.									
Že	2	Check this b	ox ▶ ☐ if the organization	discontinued its operati	ons or disposed	of more than 25% o	of its net assets		
Ğ			oting members of the gove	· · · · · · · · · · · · · · · · · · ·	•		1	3	9
Activities &			ndependent voting member				· ·	4	8
ij			r of individuals employed in	•			· ·	5	31
Ę			r of volunteers (estimate if	•	•		l l	6	30
ĕ			ted business revenue from	= :			t t	7a	0
	1		d business taxable income				, , , , , , , , , , , , , , , , , , ,	7b	
	- 5	ivet uniterate	o business taxable income	nom Form 950-1, line 3	'''			-/5	_ ,
		Contribution	s and graphs (Part VIII line	1h\			Prior Year	963	Current Year
Φ	1	Contributions and grants (Part VIII, line 1h)							2,142,401
Revenue					467,259				
ě			ncome (Part VIII, column (A				, 541		
Œ	1		ue (Part VIII, column (A), lir		10,222		(1,779)		
	-		e - add lines 8 through 11 (2,291	, 884	2,511,219
			similar amounts paid (Part			 			0
			d to or for members (Part I)			_			0
Ś			er compensation, employee			_	1,036	, 105	1,050,525
Expenses			fundraising fees (Part IX,	• • •		=			0
Ę.	b	Total fundra	ising expenses (Part IX, co	lumn (D), line 25) ▶		333,384	·		
ũ	17	Other expen	ses (Part IX, column (A), lii	nes 11a-11d, 11f-24e)			1,078	,518	1,294,816
			ses Add lines 13-17 (must			· · · · · · · · · · · · · · · · · · ·	2,114		2,345,341
		Revenue les	s expenses Subtract line	18 from line 12	··· pro	=1//ED	177	,261	165,878
50					I		Beginning of Current	Year	End of Year
sets	20	Total assets	(Part X, line 16)		gg · · · · · · ·	. r. 3039 - 301	959	, 303	1,131,215
Net Assets or Fund Balances	21	Total liabilitie	es (Part X, line 26)		NO.N	5. 2018 .	12	,161	16,740
			or fund balances Subtract	line 21 from line 20	[H]	<u> </u>	947	,142	1,114,475
	rtilli		re Block		OGD	EN UT			
			clare that I have examined this retu claration of preparer (other than off				howledge and belief, it	IS	
			CuSigned by						
٠.	1		held the		. . .				<u>'5/2018 8:46 AM P</u>
Sign		6ighatur	D57C1414984E0					Date	
Hei	'e	Chris	stine Hanna, Executive Dir	ector					
		Type or	print name and title						
		Print/Type pre	eparer's name	Preparensianed hy		Date 11/5/2019	3:39 Check PS	ıf P	TIN
Pai	d	1	Abduhr-Rahmaan, CPA	Sharef abdul	ur-Ralimani	11/5/2018	3:39 PM PS		201911167
	parer		▶ 501 Commons	30C93D2E98E6422	,	1.	Firm's EIN ▶ 94-		31
	Only		s ► 1200 12th Ave S, Su		3144	**	Phone no 206-68		
	- · · · y		,	,					•
May	the IRS	discuss this	return with the preparer sh	own above? (see instru	tions)				No
_			on Act Notice, see the se		2.010)		· · · · · · · · · ·		
U	aperw	ork meducil	on Act House, see tile se	parate manuchons.					Form 990 (2017)

Form	m 990 (2017) Positive Futures Network	91-1715916 Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> <u></u><u>D</u></u>
1	Briefly describe the organization's mission	
	Yes! Is a non-profit media organization that inspires people to create a mor	e just,
	sustainable, and compassionate world through reporting, commentary, and read	er engagement.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	∐ Yes 🗓 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	🗌 Yes 🕱 No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,
	the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$1, 278, 443 including grants of \$) (Revenue	\$ 365,750)
	Print publications: We published four print magazines during 2017: Why Scien	ce Can't Be
	Silent, which examined the connections between science, climate, social just	
	democracy; Compassionate Defiance, which featured communities that have mobi	
	their most vulnerable members; Just Transitions, which spotlighted communiti	
	switching from fossil fuels to renewable energy while protecting the wellbei	
	and Solidarity Economies, which featured local initiatives that strengthen c	
	while promoting economic wellbeing. The magazines were distributed to subscr	
	newsstands, and social change organizations. We printed a total of 236,650 c	
	total circulation of 183,600. (Undistributed copies will be used in future y	
	of 2017 we had over 35,000 subscribers, residing in all 50 states and approx countries. The magazine contains no paid advertising.	imately 50
	Countries. The magazine contains no paid advertising.	
4b	(Code) (Expenses \$ 263,468 including grants of \$) (Revenue	\$)
	Outreach: We conduct extensive outreach to educators, media, grassroots orga	
	groups, and policy makers to enhance the reach and impact of our communicati	
	repost our articles online and in print and interview our writers and staff	
	television, further expanding our audience. In 2017 we responded to requests	
	15,000 free copies of YES! from educators, journalists, and non-profit organ	
	used them to educate their constituencies about the issues we write about. E	
	Education Outreach Program reaches tens of thousands of students in middle s	
	schools, and universities with classroom-ready lessons on justice and sustai	nability.
		_ <u></u>
4c		\$)
	Web, E-mail Newsletters, and Social Media: During 2017, we published over 70	
	solutions-oriented news and commentary articles on the YES! Magazine website	
	individuals and communities working to advance social, economic, and environ	
	and new approaches to health, happiness, and resilience. Over 6 million peop	
	website. 75,000 people subscribe to our weekly "best of YES!" email news dig	est. Over 203,000
	people follow us on Facebook and share YES! stories with friends.	
		<u> </u>
4d	Other program services (Describe in Schedule O)	
-ru	(Expenses \$ 139,013 including grants of \$) (Revenue \$)
		

Form 990 (2017) Partily Checklist of Required Schedules

	<u>.</u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			_
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	l		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		l	
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		ľ	_
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	_		.,
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		ι,	
4.6	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	000 (X

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IP ā	TtilV Checklist of Required Schedules (continued)				
			_	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		20a	1.55	X
b			20b		
21	• • • • • • • • • • • • • • • • • • • •		200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				١,,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		<u> X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K If "No," go to line 25a		24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		- ^ -
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		240		-
С					
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	• • • • •	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any				
	current or former officers, directors, trustees, key employees, highest compensated employees, or				
	disqualified persons? If "Yes," complete Schedule L, Part II		26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		20		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				.,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	• • • • •	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete				
	Schedule L, Part IV		28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)				
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
~	•		00		v
21	conservation contributions? If "Yes," complete Schedule M	• • • • •	_30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		_		
	Part I	• • • • •	31		<u>X</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		I	Ī	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	ĺ			
	or IV, and Part V, line 1		34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
-			251	ł	
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	• • • • • }	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,				
	Part VI		37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? Note. All Form 990 filers are required to complete Schedule O		38	Х	
EÉA				990 (2	2017)

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Pä	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	'ξ '	300
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ر الم		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
·	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	17,25	غ _{ار} مۇر.
24		1	\$1.72 \$1.00	
			X	<u>Para</u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		iz jir.
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	نتعاتما	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest-in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country	養養	經統	34
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	激題		
	(FBAR)	7.2.2		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		11
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-30		
6a		6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	- Oa		
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	1 2 %	*21.50
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	تتنتق	73.13	1983
	and services provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1	
_	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	37/		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	,	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	13 113	14574g	188
0		0	المنطقعتية	West.
_	sponsoring organization have excess business holdings at any time during the year?	8	汽桶	14 1 31 1 51 A
9	Sponsoring organizations maintaining donor advised funds.		18	- VIPEY
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		 -
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	\\ .	. 632	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1	
11 :	Section 501(c)(12) organizations. Enter	3 3	100	
а	Gross income from members or shareholders			-20
b	Gross income from other sources (Do not net amounts due or paid to other sources			120
	against amounts due or received from them)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	\$\$5.5°		1.3
13 '	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	15.386377	2000005
а	Note. See the instructions for additional information the organization must report on Schedule O	3 00	1. 1827.2	:1632
L	·	10000	4 x (c)	
Þ	Enter the amount of reserves the organization is required to maintain by the states in which		(e.	
	the organization is licensed to issue qualified health plans	1	 `देक्के	LEN.
С	Enter the amount of reserves on hand	1000	N. H.	"NU"
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х Яa X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Χ **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Χ 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." C 12c 13 Did the organization have a written whistleblower policy? 13 Χ 14 Did the organization have a written document retention and destruction policy? 14 Χ 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization investin, contribute assets to, or participate in a joint venture or similar arrangement 16a â.H. b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **Washington** 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website ☐ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records

Guy Dunn and Associates (206)842-8951, 600 Ericksen Ave NE 300, Bainbridge Island,

WA 98110

Form 990 (20	7) Positive Futures Network	91-1715916	Page 1
Part:VII:	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		🗆
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with or	within the	

- 1a Complete this table for all persons required to be listed. Heport compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m ss per d a dir	son is	na both as both s both employee	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Jill Bamburg Director	1.00	Х					C	0	0
(2) Danny Glover Director	1.00	Х					c	0	0
(3) Rick Ingrasci Director	1.00	Х					c	0	0
(4) Andrew DeVigal Director	1.00	Х					0	0	0
(5) Mark Trahant Director	1.00	Х					C	0	0
(6) Alissa Gravitz Treasurer	2.00	Х		Х			O	0	0
(7) Tanya Dawkins Secretary	2.00	Х		Х			C	0	0
(8) Gideon Rosenblatt Vice-Chair	4.00	Х		Х				0	0
(9) David Korten Chair	4.00	Х		Х			0	0	0
(10)Fran Korten Executive Director (Until 02/17)	40.00			Х			26,985	0	0
(11)Christine Hanna Executive Director	40.00			Х			72,263	0	0
(12)Sarah Vangelder Editor/Writer (13)	40.00				Х		18,192		0
(14)									

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

2

Form 990 (2017)

Positive Futures Network

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) (C) Total revenue Related or Unrelated Revenue exempt business revenue excluded from tax under sections 512-514 revenue 物物物 Federated campaigns 1a Gifts, Grants Ilar Amounts Membership dues 1b Fundraising events 108,549 1c Related organizations 1d Contributions, and Other Simi Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 2,033,852 Noncash contributions included in lines 1a-1f \$ 231,687 Total. Add lines 1a-1f 2,142,401 **Business Code** Program Service Revenue 2a Publications 511120 365,750 365,750 f All other program service revenue 365,750 Investment income (including dividends, interest, and other similar amounts) . , 4,847 4,847 Income from investment of tax-exempt bond proceeds 2,099 2.099 6a Gross rents **b** Less rental expenses c Rental income or (loss) . . d Net rental income or (loss) . (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory 232,339 b Less cost or other basis and sales expenses 232,339 c Gain or (loss) . d Net gain or (loss) . . . Other Revenue 8a Gross income from fundraising \$ events (not including of contributions reported on line 1c) See Part IV, line 18 6,451 11,504 **b** Less direct expenses c Net income or (loss) from fundraising events (5,053)9a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses b c Net income or (loss) from gaming activities . . 10a Gross sales of inventory, less returns and allowances . . . **b** Less cost of goods sold b c Net income or (loss) from sales of inventory . . . and the first of the control of the Miscellaneous Revenue **Business Code** 11a Misc. Income 900099 1,175 d All other revenue 1,175 e Total. Add lines 11a-11d 12 Total revenue. See instructions 2,511,219 365,750 3,068

Part X Statement of Functional Expenses

Seci	non 501(c)(3) and 501(c)(4) organizations must complete all	columns All other orga	anizations must comple	ete column (A)	
2001	Check if Schedule O contains a response or note to				
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				4.979
·	and domestic governments See Part IV, line 21				A 4 7
2	Grants and other assistance to domestic			100	
-	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign		,	, Section	\$633.00
•	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			1	
5	Compensation of current officers, directors,			W-1	
,	trustees, and key employees	120 575	40,269	38,756	متند 49,550
6	Compensation not included above, to disqualified	128,575	40,269	36,736	49,550
0	• •		1		
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	540.005			400 00
7	Other salaries and wages	710,207	520,536	79,695	109,976
8	Pension plan accruals and contributions (include		2.662	,	
_	section 401(k) and 403(b) employer contributions)	14,452	9,662	2,041	2,749
9	Other employee benefits	119,362	79,803	16,857	22,702
10	Payroll taxes	77,929	52,102	11,005	14,822
11	Fees for services (non-employees)				
a	Management	'			
b	Legal		***************************************		
C	Accounting	22,090		22,090	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17.				
् f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column		,		,
	(A) amount, list line 11g expenses on Schedule O)	200,189	200,189	ļ	
12	Advertising and promotion	10,647	<u> </u>		10,647
13	Office expenses	8,453	5,629	1,223	1,601
14	Information technology	10,993	7,350	1,552	2,091
15	Royalties				
16	Occupancy	53,784	35,960	7,594	10,230
17	Travel	27,045	13,321	7,387	6,337
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,857	708	149	3,000
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,546	1,034	218	294
24	Other expenses Itemize expenses not covered			* 1 Table	
	above (List miscellaneous expenses in line 24e If		44.	A SECTION	A Page 1
	line 24e amount exceeds 10% of line 25, column		405.4		
	(A) amount, list line 24e expenses on Schedule O)		100		
_	Publications	275,327	275,327		The second secon
а		326,593	326,593		
a b'	Web/Social Media Newsletters		'		
	Web/Social Media Newsletters Outreach	119.502	119.502		
b c	Outreach	119,502 75,937	119,502 75.937		`
b d	Outreach Editorials	75,937	75,937	14 028	99 385
b d e	Outreach Editorials All other expenses	75,937 158,853	75,937 45,440	14,028.	
b c d e e 25	Outreach Editorials All other expenses Total functional expenses. Add lines 1 through 24e .	75,937	75,937	14,028. 202,595	
b c d e	Outreach Editorials All other expenses Total functional expenses. Add lines 1 through 24e . Joint costs. Complete this line only if the organization reported in column (B) joint costs	75,937 158,853	75,937 45,440		
b c d e e 25	Outreach Editorials All other expenses Total functional expenses. Add lines 1 through 24e . Joint costs. Complete this line only if the	75,937 158,853	75,937 45,440		99, 385 333, 384

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rm 9 Part		Balance Sheet			15916 Page
<u>.~</u>	>** l				
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	630,047	1	811,220
	2	Savings and temporary cash investments	278,169	2	282,008
ŀ	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	·
ı	5	Loans and other receivables from current and former officers, directors,	N. N. S. S. S. S. S. S. S. S. S.	120	
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	Section 2 Control of	10	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	_	7	
	8	Inventories for sale or use		8	36,819
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or	200		PERSONAL PROPERTY.
		other basis Complete Part VI of Schedule D 10a 78,82	4		
	b	Less accumulated depreciation 10b 78,82		10c	
	11	Investments - publicly traded secunties		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	1,168
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1,131,215
	17	Accounts payable and accrued expenses		17	12,771
	18	Grants payable		18	,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors,		YW.	
		trustees, key employees, highest compensated employees, and			144 FE 15 15 15 15 15 15 15 15 15 15 15 15 15
		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			<
		parties, and other liabilities not included on lines 17-24) Complete Part X			
İ		of Schedule D	12,161	25	3,969
	26	Total liabilities. Add lines 17 through 25		26	16,740
		Organizations that follow SFAS 117 (ASC 958), check here ► 🗵 and	计划数数数据数	透过	
		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	. 360,988	27	691,071
	28	Temporarily restricted net assets	<u> </u>	28	423,404
	29	Permanently restricted net assets		29	,
		Organizations that do not follow SFAS 117 (ASC 958), check here and			
		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
-	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances		33	1,114,475
	34	Total liabilities and net assets/fund balances		34	1,131,215
_				-	Form 990 (201)

Forn	1 990 (2017) Positive Futures Network	91-171	5916	Pa	<u>ge</u> 12
! Pa	TtIXII Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	2,5	511,2	19
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	2,3	345, <u>3</u>	41
3	Revenue less expenses Subtract line 2 from line 1	. 3		165,8	78
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	9	947,1	42
5 .	Net unrealized gains (losses) on investments	. 5		1,0	81
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8		3	74
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	1,1	14,4	75
Pa	rtiXIIi Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990 🔯 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	-			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ.
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		***		
	reviewed on a separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		392		***
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	•			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				3
	Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047 2017

(Form 990 or 990-EZ)

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

Positive Futures Network 91-1715916 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (I) Name of supported organization (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

Schedule A (Form 990 or 990-EZ) 2017

91-1715916

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Parf III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,067,373	1,221,642	1,612,230	1,806,862	1,917,165	7,625,272
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,067,373	1,221,642	1,612,230	1,806,862	1,917,165	7,625,272
5	The portion of total contributions by				全工程等 的		
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on			+25	477		•
	line 1 that exceeds 2% of the amount				45		
	shown on line 11, column (f)						783,720
6	Public support. Subtract line 5 from line 4	1475 A 4 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	经验院 第1次199		CANADA SAN	Triba	6,841,552
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,067,373	1,221,642	1,612,230	1,806,862	1,917,165	7,625,272
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,823	9,783	4,558	17,716	6,946	43,826
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)				,	1,175	1,175
11	Total support. Add lines 7 through 10 .	in Super Bridge	N. 10.		N		7,670,273
12	Gross receipts from related activities, etc. (s	see instructions)				12 .	
13	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>					▶ 🗌
Sec	tion C. Computation of Public Su			•			
14	Public support percentage for 2017 (line 6, o						89.20 %
15	Public support percentage from 2016 Sched					•	91.85 %
16a				•			-
	box and stop here. The organization qualit	•	••			• • • • • • • • •	▶ 🗵
þ	33 1/3% support test - 2016. If the organiz					•	
	this box and stop here. The organization of	•	, ,,			• • • • • • • • • •	▶ ⊔
17a	• •						
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac		_	•			
	organization						, ., . ▶ □
p	10%-facts-and-circumstances test - 2010	_			· ·	line	•
	15 is 10% or more, and if the organization is			•	•		
	Explain in Part VI-how the organization mee			•	•	•	. \square
40	supported organization						▶ ⊔
18	Private foundation. If the organization did						
	instructions	<u> </u>	<u> </u>			<u> </u>	<u> ▶ </u>

91-1715916

Part:III Support Schedule for Organizations Described in Section 509(a)(2)

	•			, ,, ,		
(Complete.o	nly if you checked t	the box on line 1	0 of Part I or if	the organizatio	n failed to qualify	under Part II
If the organia	zation fails to qualif	y under the tests	s listed below, p	lease complete	e Part II.)	

Se	ction A. Public Support	7					
Cal	endar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			,			
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		-				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			/			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	ionic s					
8	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support		/	/			
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	/					
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Su						
15	, , , , , , , , , , , , , , , , , , ,				• • • • • • • • •	15	%
	Public support percentage from 2016 Schedu				<u> </u>	16	%
_	Investment income percentage for 2017 (line					17	
17 18	Investment income percentage from 2017 (line Investment income percentage from 2016 S					17	<u>%</u>
	33 1/3% support tests - 2017. If the organization of the support tests - 2017, if the	zation did not chec	k the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line	
b	33 1/3% support lests - 2016. If the organization 18 is not more than 33 1/3%, check this	zation did not chec	k a box on line 14	or line 19a, and lin	ne 16 is more than	33 1/3%, and	▶ □
20_	Private foundation. If the organization did					-	

Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Ycs," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yés," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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		Yes	No
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DocuSign Envelope ID 8E273998-EC79-48D9-907F-5E3230518936 Schedule A (Form 990 or 990-EZ) 2017 Positive Futures Network 91-1715916 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI 11c Section B. Type I Supporting Organizations Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported. organizations and what conditions or restrictions, if any, applied to such powers during the tax year 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). **a** The organization satisfied the Activities Test. *Complete line 2 below.* **b** The organization is the parent of each of its supported organizations. *Complete line 3 below* c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,

how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

- Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

91-1715916

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rgani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov 20, 1970 (explain	ı ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	ızatio	ns must complete Section	s A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net income		(A) Frior real	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	,	
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	1	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	1	ī.
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	8, 3		7 4 7 4 5 6 8 8 8 7 1 K
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		•
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		-
e Discount claimed for blockage or other	17.18		
factors (explain in detail in Part VI).	16.0		
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	,	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			1
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	·		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	76.00	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		,
5 Income tax imposed in prior year (5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally		rated Type III supporting	organization (see
instructions).		, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	

Schedule A (Form 990 or 990-EZ) 2017 Positive Futures Network

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity	, , , , , , , , , , , , , , , , , , ,		
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	
. 4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions	·		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			1
		/i)	(ii)	(iii)
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable
		LXCESS DISTINUTIONS	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2				
	(reasonable cause required - explain in Part VI). See			
	instructions.		,	
3		1		"" "如果我们是我们
		and the		A A A A A A A A A A A A A A A A A A A
	From 2013			
С	From 2014	inistriutuutistiintiittiinessin, ja kuluntiintiinestintii terit	animpo i tratica de la companione de la	ក្សាសិក្សិតកម្មក្រុម ក្រុមប្រជាជាក្រុមប្រជាជាក្រុមប្រជាជាក្រុមប្រជាជាក្រុមប្រជាជាក្រុមប្រជាជាក្រុមប្រជាជាក្រុម ក្រុមប្រភព្វិសិក្សិតកម្មក្រុមប្រជាជាក្រុមប្រជាជាក្រុមប្រជាជាក្រុមប្រជាជាក្រុមប្រជាជាក្រុមប្រជាជាក្រុមប្រជាជាក្
d	From 2015	And her shifted the constraints and the constraints and	distance some of	
е	From 2016	Section 1997	S-MACTED VALUE OF A STATE OF A ST	
f	Total of lines 3a through e			RESTRICTION OF THE PROPERTY OF
	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount	APP 1857		
<u>i</u>	Carryover from 2012 not applied (see instructions)		() () () () () () () () () ()	
<u> j </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	Distriction and the Control of the C		256.200
4	Distributions for 2017 from			
	Section D, line 7.			
	Applied to underdistributions of prior years		AND AND A SECURE OF THE SECURE	
	Applied to 2017 distributable amount			The transfer to the safe steel - 275, 57 and a steel to the safe at the safe a
_	Remainder. Subtract lines 4a and 4b from 4.	1640 Commence of the commence		
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result		,	
	greater than zero, explain in Part VI . See instructions.	网络阿拉拉斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯	1 124 1 77 57 A-1362 (WARNESS AND AND AND AND AND AND AND AND AND AND	经发展的证明的 对于代码的数据
6	Remaining underdistributions for 2017. Subtract lines 3h			1
	and 4b from line 1. For result greater than zero, explain in			•
_	Part VI. See instructions.			SA Blackmother of 1889 . 12 percent of the Salah
7	Excess distributions carryover to 2018. Add lines 3j	,		
_	and 4c.	մարային անդերան է հրատանական այն և մարասարար		Receipting Texture Texture of Confidential Confidence of C
8	Breakdown of line 7			
<u>a</u>	Excess from 2013	AND THE PARTY OF THE PROPERTY		
D	Excess from 2014	The British Control of the Control o	entropias, receptoros de la companya	STATE AND STATE OF ST
C	Excess from 2015		ZZZAŁOWANIE ZEKA	
a	Excess from 2016		SVENERATORIA	
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Schedule A (For	m 990 or 990-EZ) 2017 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Internal Revenue Service Go to www
Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name	of the organization	·		Employer identification number
Po:	sitive Futures Network			91-1715916
Pa	rt I Organizations Maintaining Donor Advis	sed Funds or Oth	er Similar Funds or Ac	counts.
	Complete if the organization answered "Y	es" on Form 990,	Part IV, line 6	
			or advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year) .			
3	Aggregate value of grants from (dunng year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor	ors in writing that the	assets held in donor advised	j
	funds are the organization's property, subject to the org	-		_
6	Did the organization inform all grantees, donors, and do			
-	only for charitable purposes and not for the benefit of th			
	conferring impermissible private benefit?			
Pa	rt II Conservation Easements.			
	Complete if the organization answered "\	Yes" on Form 990.	Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organization			-
-	Preservation of land for public use (e.g., recreation	•	Preservation of a histo	rically important land area
	Protection of natural habitat	, , , , , , , , , , , , , , , , , , , ,	Preservation of a certi	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a	qualified conservatio	n contribution in the form of	a conservation
_	easement on the last day of the tax year	4		Held at the End of the Tax Year
а	•			
b	Total acreage restricted by conservation easements			
c	Number of conservation easements on a certified histor			
d	Number of conservation easements included in (c) acq		, ,	
_				2d
3	Number of conservation easements modified, transferre			
•	tax year •	, · - · · · · · · · · · · · · · · · ·		- gam-anon com g mo
4	Number of states where property subject to conservation	on easement is locate	ed ▶	
5	Does the organization have a written policy regarding the			
-	violations, and enforcement of the conservation easeme	•	•	
6	Staff and volunteer hours devoted to monitoring, inspect			
	>	3, 3	,	3 · · , · · ·
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations	s, and enforcing conservation	n easements during the year
	▶\$	ŭ	•	• .
8	Does each conservation easement reported on line 2(d	l) above satisfy the re	equirements of section 170(h	n)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports cons			
	balance sheet, and include, if applicable, the text of the	footnote to the organ	zation's financial statement	s that describes the
	organization's accounting for conservation easements			
Pa	t III Organizations Maintaining Collec	tions of Art, His	torical Treasures, or	Other Similar Assets.
	Complete if the organization answered "			
1a	If the organization elected, as permitted under SFAS 11	16 (ASC 958), not to	report in its revenue statem	ent and balance sheet
	works of art, historical treasures, or other similar assets	s held for public exhib	ition, education, or research	in furtherance of
	public service, provide, in Part XIII, the text of the footne	ote to its financial sta	tements that describes thes	e items.
b	If the organization elected, as permitted under SFAS 11	16 (ASC 958), to repo	ort in its revenue statement a	and balance sheet
	works of art, historical treasures, or other similar assets	s held for public exhib	ition, education, or research	in furtherance of
	public service, provide the following amounts relating to	these items		
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historic			
	following amounts required to be reported under SFAS			-
а				▶ \$
h	Assets included in Form 990, Part X	•		

Sched	Schedule D (Form 990) 2017 Positive Futures Network							91-17			Page 2
Pa	rt Organizations Maintaining C	Collec	tions of A	rt, Histo	rical Tr	easures,	or Oth	er Similar A	ssets	(continu	ıed)
3	Using the organization's acquisition, accession,	and oth	her records, cl	heck any o	f the follow	ing that are	a signific	ant use of its			
	collection items (check all that apply)										
а	Public exhibition				inge progra						
b	Scholarly research		e 🗌 Oth	er							
C	Preservation for future generations										
4	Provide a description of the organization's collection	ctions a	and explain ho	w they fur	ther the org	ganization's e	exempt p	urpose in Part			
	XIII										
5	During the year, did the organization solicit or re	ceive d	donations of a	rt, historica	l treasures	, or other sin	nılar				
	assets to be sold to raise funds rather than to be			of the orga	anization's	collection?		<u></u>		☐ Yes	No No
Pa	ttlIV Escrow and Custodial Arrang	_									
	Complete if the organization ar	nswer	ed "Yes" oı	n Form 9	990, Part	IV, line 9	, or rep	orted an ame	ount c	n Form	
	990, Part X, line 21.			 .							
1a	Is the organization an agent, trustee, custodian of									_	_
											∐ No
þ	If "Yes," explain the arrangement in Part XIII and	d comp	lete the follow	ing table							
								, , , , , , , , , , , , , , , , , , ,	\mount		
С	Beginning balance						· · · - · ·				
d	Additions during the year										
е	Distributions during the year							-			
f	Ending balance										
2a	Did the organization include an amount on Form						•				_
<u>b</u>	If "Yes," explain the arrangement in Part XIII. Ch	heck he	ere if the expla	ination has	been prov	rided on Part	t XIII .	<u> </u>	<u></u>	<u></u>	<u>. LL</u>
Pai	Endowment Funds.		1 115 4 11				_				
	Complete if the organization ar	swere	ed "Yes" oi		·	IV, line 1	0.				
		(a) (Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years ba	:k (e) Four years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and										
_	losses					-			\rightarrow		
d	Grants or scholarships								_		
е	Other expenditures for facilities and										
	programs						-		_		
T	Administrative expenses					1					
g	End of year balance			<u> </u>				.			
2	Provide the estimated percentage of the current			ne 1g, colu	mn (a)) he	id as					
a	Board designated or quasi-endowment		%								
Ь	Permanent endowment > %		•								
С	Temporarily restricted endowment		_ %								
2-	The percentages on lines 2a, 2b, and 2c should				مم اممم امام	lanca cata a a al fe	46				
3a	Are there endowment funds not in the possession	on or th	ie organizatioi	n that are r	ieio ano ac	ministerea to	or the			Vas	
	organization by								Г	Yes	No
	· · · · · · · · · · · · · · · · · · ·	• • • •	• • • • • •							3a(i)	+
_	(ii) related organizations					• • • • • •				3a(ii)	+
b 4	If "Yes" on 3a(ii), are the related organizations in				٠				٠٠ ز	3b	
<u> </u>	Describe in Part XIII the intended uses of the or		uons endown	ient iunas		_					
III.ai			od "Voc" or	a Earm C	ION Dart	IV line 1	12 500	Eorm 900 I	Dad V	′ lina 10	
	Complete if the organization an	SWER									
	Description of property		(a) Cost or othe (investme			r other basis other)		Accumulated preciation	(*	d) Book value	3
10	Land		(mresume				-				
1a h	Land										
b	Buildings		-	72 724				72 724			
ų C	Leasehold improvements			<u>12,</u> 734				72,734			
d	Equipment	<u>;</u>		6,090				6 000		-	
E Total	Other		rm 000 Port 1		(R) has 10	10 l		6,090			
· otal	. The intes ta through te (Column (a) must eq	uai rui	m JJU, Fail /	, coluitiii	וווו ו אווו אינט ו	· · · · ·	· · · · ·	🕨			

Positive	Futures	Network

Schedule D (Form 990) 2017 Positive Futu	ires Network	91-1715	916 Page
Investments - Other Securities. Complete if the organization answe			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other		,	
(A)			
(B)			
(C)		-	
(D)			
(E)			-
_(F)	_		
(G)	_ ~ ~		
(H)	_		
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)	,		
Rart VIII Investments - Program Related.	•		
Complete if the organization answe	red "Yes" on Form 990, Par	<u>rt IV, line 11c. See Form 990, I</u>	Part X, line 13.
(a) Description of investment ,	(b) Book value	(c) Method of valuation Cost or end-of-year market va	lue
(1)			
(2)	•		
(3)			
(4)	,		
(5)			
(6)			
(7)			
(8)			
(9)		and the state of t	Strang and James (Section)
Total (Column (b) must equal Form 990, Part X, col (B) line 13)			
Complete if the organization answe	red "Yes" on Form 990, Pa	rt IV, line 11d. See Form 990, I	Part X, line 15.
(a	a) Description		(b) Book value
(1) Employee Advance			1,16
(2)			
(3)			,
(4)			,
(5)			
(6)	·		
(8)			
(9)			<u>-</u>
Total. (Column (b) must equal Form 990, Part X, col (B) line	<u> ; 15)</u>	·····	1,16
Part X Other Liabilities.		m IV II.a 44a aa 446 Oaa Fawa	000 D-4V
Complete if the organization answe line 25.	red "Yes" on Form 990, Pai	rt IV, line The or Thr. See Form	990, Part X,
1. (a) Description of flability	(b) Book value		
(1) Federal income taxes			
(2) Payroll Liabilities	2,533		
(3) Sales Tax Payablė	1,436		
(4)			
(5)			
(6)			11.
(7)			

3,969 Total (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

	ule D (Form 990) 2017 Positive Futures Network			1-1715916	Page 4
P.ā	t)XI Reconciliation of Revenue per Audited Financial Stateme			Return.	
	Complete if the organization answered "Yes" on Form 990, P	art IV, line	12a.		
1				1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)			⊣	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			3	
	Investment expenses not included on Form 990, Part VIII, line 7b	40			
a	Other (Describe in Part XIII)	4a		- 'immil	
b	·	···			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
ı;a	Reconciliation of Expenses per Audited Financial Stater			per Heturn.	
	Complete if the organization answered "Yes" on Form 990, F				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
þ	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pai	t)XIII Supplemental Information.			•	
rov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line	es 1b and 2b, I	Part V, line 4, Pa	art X, line	
, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additional infor	mation.		
					
					
					·
	<u> </u>				
		<u> </u>	 -		
			 -		

91-1715916

SCHEDULE G

| Supplemental Information Regarding Fundraising or Gaming Activities |

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2017		
Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions.								Open to Public	
Name of the organization		- GO (O WWW.	is.govir orins	30 IOI THE IAI	est instructions.			entification number	
Positive Futures 1	Network						91-17	15916	
		. Complete if	the organi	zation ans	swered "Yes" on	Form 99	0. Part IV	. line 17.	
		t required to co						,	
1 Indicate whether the					nties Check all that ap	oply			
a Mail solicitations	-	-	e 🗌	Solicitation	of non-government gra	ants			
b 🗌 Internet and email	solicitations		f 🗌	Solicitation of	of government grants				
c Phone solicitations	5		g 🗌	Special fund	draising events				
d 🔲 In-person solicitati	ons								
2a Did the organization l	have a written or	oral agreement v	with any indiv	idual (includ	ing officers, directors,	trustees,			
or key employees liste	ed in Form 990,	Part VII) or entity	in connectio	n with profes	ssional fundraising se	rvices?	□ Y	'es 🗌 No	
b If "Yes," list the 10 high	hest paid individ	duals or entities (f	undraisers) p	oursuant to a	greements under which	ch the fund	draiser is to b	oe e	
compensated at least	t \$5,000 by the c	organization.							
(i) Name and address	of individual			draiser have	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to	
or entity (fundrai		(ii) Activity	,	r control of utions?	from activity		ser listed in	(or retained by) organization	
			Contino	utions.		С	ol (i)	Organization	
			Yes	No					
1									
			-						
2									
3									
4									
4									
5		 							
3	i								
6									
7									
8									
9									
							_		
10						·· -			
						•			
Total								<u> </u>	
3 List all states in which	the organization	ıs registered or li	censed to so	licit contribu	tions or has been noti	fied it is ex	cempt from		
registration or licensing	g								
		•			·				
								 .	
					<u> </u>				
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							-	 	
									
				***************************************	***************************************				
						<u> </u>			
				-					
									

Schedule G (Form 990 or 990-EZ) 2017 Positive Futures Network Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col (a) through None Spec. Event col (c)) (total number) (event type) (event type) Revenue Gross receipts 115,000 115,000 2 Less Contributions 108,549 108,549 Gross income (line 1 minus line 2) 6,451 6,451 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 2,317 2,317 Food and beverages 4,607 7 4,607 Entertainment . 1,844 1,844 Other direct expenses 2,736 2,736 11,504 Net income summary Subtract line 10 from line 3, column (d) (5,053)Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant Revenue (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) Enter the state(s) in which the organization conducts gaming activities If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047 2017

Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public Inspection

Name of the orga	nization		, , , , , , , , , , , , , , , , , , ,	01111001	- 101 mst		una the		yer Iden			er	<u> </u>	
Part I	Futures Netv		(section 501/	c)/3) s	ection 5	01(c)(4)	and 50		17159		. <u></u>			
	Complete if the		•									line 4	0b.	
		<u> </u>	(b) Relationship bet					<u> </u>		,			(d) Corr	ected?
1 (a)	Name of disqualified pers	on		rganızatıor				(c) Description	of transa	action			Yes	No
											·			
(1)														
(2)														
(3)														
	he amount of tax inc		-		-		_	-						
	section 4958										<u> </u>			
3 Enter ti	he amount of tax, if	any, on line 2, ab	ove, reimbursed	by the c	organizatio	on				▶ \$	<u> </u>			
Don't II	1													
Part II	Loans to and/o Complete if the				rm 000-E	7 Dart 1	V line 3	19a or Form 000	Dort	IV lin	0.26	or if t	ha	
	organization rep							60a 01 1 01111 990	, rait	ıv, m	le 20,	OI II (iie	
	.	1		1	<u> </u>			1	1		Γ			
(a) Name o	f interested person	(b) Relationship with organization	(c) Purpose of loan		oan to or m the	(e) Ori	-	(f) Balance due	(g) In	default?		proved ard or	(i) Wr agreer	
		- Constitution	IOall	1	nzation?	pillopar	a				1 -	nttee?	agreer	· · ·
				То	From				Yes	No	Yes	No	Yes	No
				"		-			1.00	1	100	1.10	103	-110
(1)														
										1		İ		
(2)														
·	 -													
(3)														
(4)									ļ					
(5)	-								ļ		<u> </u>	ł		
Total		!				· · · · ·	. ▶ \$	<u> </u>	<u> </u>					
Part III	Grants or Ass		_			Dod IV	l.n.a. 07							
	Complete if the	organization a	inswered Yes	on Fo	rm 990,	Part IV,	line 27.							
(a) Name	of interested person	1	nip between interested	j (c) Amount of	assistance	(0	f) Type of assistance		(e) Purpos	se of ass	stance	
		person ai	nd the organization						-+					
(1)														
('/														
(2)														
\= /									-					
(3)														
. ,						_	_							
(4)														

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Employer identification number

91-1715916

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Positive Futures Network

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Part 13 Types of Property (c) (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed Form 990, Part VIII, line 1g noncash contribution amounts Art - Works of art 1 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded. . . . Х 9 231,687 **FMV** 10 Secunties - Closely held stock . . 11 Secunties - Partnership, LLC, or trust interests 12 Securities - Miscellaneous . . . 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles Food inventory 19 20 Drugs and medical supplies . . . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►(26 Other ►(

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required **b** If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If "Yes," describe in Part II h

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes

No

27

28

Other ►(

Other ►(

SCHEDULÉ O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2017

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number Name of the organization 91-1715916 Positive Futures Network 01. Officer, directors, etc. family relationship (Part VI, line 2) David Korten, Board President married to Frances Korten, Executive Director (from Jan-Feb 2017) 02. Form 990 governing body review (Part VI, line 11) Copies of this 990 were provided to the Finance Committee of the board for review and approval. 03. Conflict of interest policy compliance (Part VI, line 12c) Reviewed annually at board meeting. 04. CEO, executive director, top management comp (Part VI, line 15a) Board personnel committee reviews compensation for executive director and compares to similar organizations in King County. 05. Governing documents, etc, available to public (Part VI, line 19) Organization provides 990 and an Annual Report of operations on its website.